



State of New Hampshire

Banking Department

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Peter C. Hildreth
Bank Commissioner
Robert A. Fleury
Deputy Bank Commissioner

DEBT ADJUSTER FORM 399-D-AR

ANNUAL REPORT - GENERAL INSTRUCTIONS

1. Information provided in this form is aggregated and an analysis is published by the New Hampshire Bank Commissioner in his Annual Report to the Governor and Executive Council. The accuracy of the information is also important because it will be used by the New Hampshire Banking Department ("the department") if assessment calculations are needed.
2. All Debt Adjusters licensed in accordance with NH RSA 399-D during any period of time during the preceding calendar year must complete and file this report with the department on or before February 1st of the ensuing year. All annual reports for calendar year 2004 must be received by the department on or before the close of business on Tuesday, February 1, 2005.
3. All items on the form must be completed; do not leave any blanks. Reports with blanks are incomplete and will be deemed as "not filed" for purposes of any penalty. If an item is not applicable to the type of business conducted by the licensee, enter "N/A", "none", "O", or "zero".
4. Work papers used to calculate and compile the information required by this form must be retained and made available when the licensee is examined by the department.
5. This report must be filed if a license was held for a portion of the reporting year and must be filed even if no contracts were made. The originally signed and notarized report must be physically delivered to the department; we cannot accept fax transmissions of reports. Failure to file the annual report or late filing of the annual report results in a statutory penalty of \$25 per day for each day the report is overdue.
6. No fee is required to file this annual report.
7. Information in this report must be provided for the total amount of debt adjustment business conducted by the licensee in all jurisdictions as well as the total amount of New Hampshire ("NH") debt adjustment business conducted by the licensee during calendar year 2004. Amounts reported for NH business should include all debt adjustment contracts made in NH and/or all debt adjustment contracts made with consumers located in NH.
8. Schedule A: The first three columns should reflect the company's total debt adjustment business in all jurisdictions (everywhere, including NH); the second three columns should reflect only the company's debt adjustment business conducted in NH or with NH consumers. Include each debt adjustment contract entered into by the company during 2004 only once on the first line of Schedule A. The last line on Schedule A should reflect only NH contracts actually outstanding on the books of the licensee on December 31, 2004.
9. The form requests a list of all offices located outside of NH where debt adjustment services are offered to NH consumers. We already have current information on the principal office and on all NH branch offices, so this section of the form is seeking to identify only out-of-state locations that are not required to be licensed but where debt adjustment services are offered to NH consumers.
10. The form requests information as to the total number of employees/agents of the licensee at year end. Include all employees/agents of the licensee, wherever they are located and no matter what function or in what capacity they serve. The second part of the question seeks information about employees and agents who work in NH offering or providing debt adjustment services.
11. Information about debt adjustment business should be provided for the calendar year 2004. Information about the company, its address, locations, officers, owners, number of employees should be provided as of December 31, 2004.
12. Gross revenue figures should reflect the aggregate of all income earned by the licensee for debt adjustment transactions before expenses.

DEBT ADJUSTER
2004 NH ANNUAL REPORT FORM 399-D-AR
Reporting Period: January 1, 2004 through December 31, 2004

1. Legal name of licensee: _____

2. Trade Name (if applicable): _____

3. Licensee's federal tax ID number: _____ 2004 NH principal office license number: _____

4. Contact person regarding this report (President, Chief Executive Officer, Senior Partner of Licensee):

Name: _____ Title: _____

5. Principal place of business of the licensee:

(Street) (City) (State) (Zip)

6. Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)

7. Communications: _____
(Tel. no.) (Fax no.) (Cell) (E-mail Address)

8. If the licensee does not have an office located in NH, a person located within the State of New Hampshire must be designated as the NH Agent (department examinations will be conducted at this location):

Name of Agent: _____ Telephone: _____

Complete street address of NH Agent:

(Please provide a NH business address)

Mailing Address of Agent: _____

9. Total number of employees of licensee in all jurisdictions: _____ Number of employees located in NH: _____

10. List all individuals located in New Hampshire who will offer and/or provide debt adjustment services to NH consumers (attach an additional sheet if necessary).

Name	Title/Position	Business Address	Residential Address

11. List all locations of the licensee that are located outside of NH that conduct NH debt adjustment business (attach an additional sheet if necessary).

Street Address	City/Town/Zip	State	Manager	Telephone

12. List all principal shareholders (10% or more) and title held, senior officers and directors, partners, trustees and members (attach an additional sheet if necessary).

Name	Owner (include % of ownership), Officer, Director, Manager, Member, Trustee (indicate which)	Business Address	Residential Address

13. SCHEDULE A: 2004 DEBT ADJUSTER REPORT

Category	ALL JURISDICTIONS			NH ONLY		
	Total Number of Contracts made in all Jurisdictions	Total Dollar Amount of Contracts made in all Jurisdictions	Total Gross Revenue Earned From all Debt Adjustment Contracts in all Jurisdictions	Total Number of Contracts made in NH or with NH Consumers	Total Dollar Amount of Contracts made in NH or with NH Consumers	Total Gross Revenue Earned From all NH Contracts
Debt Adjustment Contracts made during 2004		\$	\$		\$	\$

14. SCHEDULE B: DEBT ADJUSTMENT CONTRACTS OUTSTANDING AS OF DECEMBER 31, 2004

Category	ALL JURISDICTIONS		NH ONLY	
	Total Number of Outstanding Contracts in all Jurisdictions	Total Dollar Amount of Outstanding Contracts in all Jurisdictions	Total Number of Outstanding Contracts in NH	Total Dollar Amount of Outstanding Contracts in NH
Debt Adjustment Contracts outstanding as of December 31, 2004.		\$		\$

15. Enter the number of NH debt adjustment contracts that went into default during the reporting period: _____

AFFIRMATION

The information provided in this report reflects the total amount of debt adjustment business conducted by the licensee in all jurisdictions and the total amount of debt adjustment business related to NH debt adjustment contracts made by the licensee in all its business locations.

I subscribe and affirm, under penalty of perjury, that the statements made in this report have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the department may result in denial or revocation of the license to which this form relates.

I acknowledge on behalf of the licensee that the licensee will retain work papers and other documents used in the preparation of this report and that the licensee will make such records available to the department upon request or examination.

Date _____

For _____
(Print or type the licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____

Title _____

CORPORATE ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____, before me _____,
(Print name of Notary/Jp)
the undersigned officer, personally appeared _____
(Print name of corporate officer signing this document)
known personally to me to be the _____ of the above named corporation and
(Title of officer)

acknowledged that he or she, as an officer being authorized so to do, executed the foregoing instrument
for the purposes therein contained, by signing the name of the corporation by himself or herself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/Jp Signature

(SEAL)

My Commission Expires _____
(Date)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____, before me, _____,
(Print name of Notary/Jp)
the undersigned officer, personally appeared _____ known to
(Print name of individual signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument,
and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/Jp Signature

(SEAL)

My Commission Expires _____
(Date)